PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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40461	1500	10/14/2005				papers. Each addition have its own certific	onal paper, such as an assignmate of mailing or transmission	nent or formal drawing, must
40461 7590 12/14/2005 EDWARD S. WRIGHT 1100 ALMA STREET, SUITE 207 MENLO PARK, CA 94025					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						- "		(Depositor's name)
								(Signature)
								(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/823,966 TITLE OF INVENTION: I		Heinrich Franz Klostermann A-75035 5319 ND GENERATOR USING NON-COMBUSTIBLE GASES						
APPLN. TYPE	SMAI	LL ENTITY	ISSUE FI	BE .	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional		YES	\$700	\$300		\$300	\$1000	03/14/2006
EXAMINER			ART UNIT		CL	LASS-SUBCLASS		
NGUYEN	3748	3748 060-513000						
1. Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGN	this form is NO	no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) PALO ALTO, CALIFORNIA						
Please check the appropriat	te assignee c	ategory or categori	ies (will not be pr	inted on the p	atent) :	☐ Individual ☐	Corporation or other private a	group entity Government
4a. The following fee(s) are X Issue Fee X Publication Fee (No X Advance Order - # o		Bb. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in								
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Authorized Signature				Date				
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